



HARPSWELL HOME HEATING ASSISTANCE APPLICATION

APPLICANT INFORMATION					
First Name:		Last Name:		Phone:	
Email:					
Street Address:			Length of Time at Address:		
Town:			Zip:		
HOUSEHOLD INFORMATION					
Number of People in Household:			Have you received any heating assistance this season (October – April):		
Total Monthly Income of all Household Members:			Total Monthly Expenses of all Household Members:		
Please let us know if you have available assets, list them here (savings, checking, investment accounts):					
Reason for Request:					
FUEL INFORMATION					
Fuel Provider:		Type of Fuel:		Are you on Autofill:	
Are you currently out of heating fuel:		How much fuel do you have:		Location of fill pipe:	
When was your last delivery:			How many gallons:		
Is this an emergency:			Do you have a credit on your account with your heating fuel provider:		
Applicant Signature				Date	

ADMINISTRATION		
Administrator's Signature		
Date		
Assistance Granted:		
HA Fuel Amount	Type of Fuel	Delivery Date